ORGANIZATION APPLICATION-FORM 5

(www.arts.idaho.gov/grants/applic.aspx).

All applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer required narrative questions and complete the

Applicant/Organization(official IRS name) Contact Name and Title Street Address ______ P.O. Box_____ City _____ State ____ Zip ____ County _____ Phone: Day______Evening____ Fax E-mail Web site ☐ This is a new address or ☐ phone number. ☐ Applicant is acting as a Fiscal Agent.(see page 6) Period of support requested: Start Date End Date: (QuickFund\$ Projects cannot begin until 3 weeks after deadline.) Applicant is applying in the area of □Visual Arts □Performing Arts □Literature □Media Arts □Local Arts Council □ Other: **GRANT OR AWARD** Check the appropriate boxes ■ QuickFund\$ ☐ QuickProject ☐ Training or Advice ☐ Public Art & Cultural Facilities ☐ Public Art ☐ Capital Purchase ☐ Renovation/Construction ☐ General Operating Support ☐ Feasibility Study ☐ Multi-Year ☐ Single Year ☐ Interim ☐ Project Support ♦U.S.Congressional District 1 □ or District 2 □ ♦State Legislative District _____ Is yours a nonprofit organization? □ yes (include IRS tax determination) □ no Number of years doing business in Idaho ______ Federal Tax ID#_____ (required) If applicable, write a short summary of this project in the space below. **Budget Summary** Fiscal Year Start Date _____ Fiscal Year End Date _____ Total Project Revenue \$_____ Total Project Expenses \$_____ Total Annual Budget of Organization \$_____ GRANT REQUEST (not GOS)\$_____ If you have received a grant, did you submit the required final report? □yes □no Authorizing Signatures - I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the (www.arts.idaho.gov/grants/leg.aspx) of accepting this grant. Applicant/Project Director Date Financial Officer Date _____ Authorizing Official (person able to legally obligate the applicant) Date